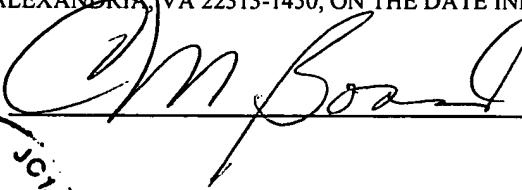


*ITW RCE
1615*

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

BY: 

Date: 10/14/04

MAIL STOP RCE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of :
Lisbeth Illum, *et al.* :
Conf. No.: 2569 : Group Art Unit: 1615
Appln. No.: 09/834,312 : Examiner: Blessing M. Fubara
Filing Date: April 13, 2001 : Attorney Docket No.: 10774-56US
Title: NOVEL FORMULATIONS OF FEXOFENADINE (WESX/P21598US)

**AFTER FINAL REQUEST FOR CONTINUED EXAMINATION (RCE)
UNDER 37 C.F.R. 1.114**

This is a request under 37 CFR 1.114 for continued examination (RCE) of the above identified application in response to the final Office Action mailed July 15, 2004 (Paper No. 20040628). Enclosed are the following in support of the RCE under 37 C.F.R. 1.114:

- Enter the unentered Amendment previously filed on October 14, 2004 under 37 CFR 1.116 in the above application.
- Request for Reconsideration.
- An Information Disclosure Statement, PTO/SB/08A and cited references.
- New formal drawings.
- A Petition for Extension of Time to December 20, 2004 (December 18 being a Saturday and December 19 being a Sunday) for the pending application.
- Other:

The following fees are enclosed:

- RCE fee of \$790.00 required under 37 C.F.R. 1.17(e).
- Extension of time fee in the amount of \$120.00.

Additional claim fees of for excess claims submitted in the enclosed Amendment, calculated as follows:

					SMALL ENTITY		LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
TOTAL	(-)		or 20		x9		x18	
INDEP.	(-)		or 3		x44		x88	
<input type="checkbox"/> 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS				+\$150			+\$300	
					TOTAL		TOTAL	

Firm check(s) totaling \$910.00 is/are enclosed herewith.

The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-1017 (Billing No. 210774.0056) as noted below. A duplicate copy of this sheet is enclosed.

Any overpayments or deficiencies in the above-calculated fee(s).

RCE fee in the amount of \$ ____ .00.

Extension fee in the amount of \$ ____ .00.

Additional claim fee(s) in the amount of \$ ____ .00 as calculated above.

Any additional fees required under 37 C.F.R. §§ 1.16 or 1.17.

In the event that a Petition for Extension of Time is required, but not enclosed, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

Lisbeth Illum, *et al.*

December 14, 2004 By: William W. Schwarze
(Date)

WILLIAM W. SCHWARZE

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